



**Firemen's Association of the State of New York (FASNY)  
FASNY Facility Request Form**

(Requests must be submitted 60 days prior to use date)

**FASNY strictly prohibits smoking on all FASNY property inclusive of ALL indoor and outdoor areas.**

Date of Request: \_\_\_\_\_

ORGANIZATION NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone Number: Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Event Name/Description: \_\_\_\_\_

List All Event Needs/Requirements: \_\_\_\_\_

Description of What FASNY Buildings/Facilities/Grounds is being requested for use: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Time of Facility use From: \_\_\_\_\_ am/pm To: \_\_\_\_\_ am/pm

FASNY Staff Required: Yes/No

If Yes: Dietary Department Yes/No (services may be billed to user)

Maintenance Department Yes/No

Activities Department Yes/No

Will there be sales of food, beverages, merchandise, etc.? Yes/No

If Yes: Please describe: \_\_\_\_\_  
\_\_\_\_\_

Does your organization have insurance? Yes/No

(If yes, see insurance requirements for required certificate)

Organization Representative: \_\_\_\_\_

Signature

\_\_\_\_\_ Date

\_\_\_\_\_ Print Name

Signature of FASNY Reviewer: \_\_\_\_\_

Signature

\_\_\_\_\_ Date